## **KCC Practical Nursing 2014 Application Checklist**

- Please bring proof of the checklist items to student services. Must have original documents not copies. Photocopies are NOT accepted.
- You must have your transcripts evaluated by the KCC registrar prior to submitting these materials to student services.
- Applications will begin being accepted on December 16, 2013 and the deadline is January 17, 2014 @ 5pm. No exceptions.

## The admission process consists of three (3) phases:

**Phase I** is a matter of the student presenting the required information to Student Services. Once the checklist is complete and signed by Student Services, it is passed to the Health Sciences Department. Original documents must be presented to Student Services. All required prerequisite courses and optional material for Phase I must be completed by the application deadline of **January 17, 2014, 5 pm.** No exceptions.

**Phase II** is a proctored entrance test. This phase is by invitation only.

**Phase III** is an interview with selection committee. This phase is by invitation only.

## SHOW PROOF OF ACADEMIC ADMISSION REQUIREMENTS: PHASE I

ACADEMIC REQUIREMENTS Student Services will verify course completion and grades.

Course #			Course Description	Grade Earned	
At least completed MTH 095			Intermediate Algebra		
BIO 231			Anatomy & Physiology I w lab		
BIO 232			Anatomy & Physiology II w lab		
BIO 233 * may be enrolled Winter 2012- but required to pass			Anatomy & Physiology III w lab		
with a C or better to	continue application	process.			
MDA 101			Medical Terminology I		
CIS 120 or BUS 131			Computer Concepts w lab		
PSY 235 or PSY 236			Psychology		
WRI 121		English Composition			
SPE 111		Fundamentals of Speech			
HEA 100 or have proof of		Nursing Assistant w lab			
A current OSBN CNA certification					
CURRENT CUMULAT	VE GPA of 2.5 or hig	her:			

## IMMUNIZATION AND CERTIFICATE ADMISSION REQUIREMENTS: PHASE I

OSBN Certificate: CNA I	Expiration Date:	
AHA Healthcare Provider CPR Card	Expiration Date:	
Immunization: Measles (MMR)	Date of vaccine or titer:	
Immunization: Tetanus	Date of vaccine:	
Immunization: Hepatitis B series	Date of vaccine or titer:	
TB/PPD skin test or Chest Xray	Results of PPD or CXR:	
Work experience: CNA (attach form/s)	[] 3 months or less [] part-time	
	[] more than 3 months [] full-time	
Work experience: non-CNA	[] 3 months or less [] part-time	
	[] more than 3 months [] full-time	